

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020269

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5565

FILED JUN 7 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

ST. LOUIS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

ST. LOUIS CITY HOSP. #1

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

2139 OREGON AVE.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Jesse

Middle

Joseph

Last

CHARLEVILLE

4. DATE
OF
DEATH

6-2-62

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1-31-03

9. AGE (last birthday)

59

IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

LABOR

10b. KIND OF BUSINESS OR INDUSTRY

SHOEWORKER

11. BIRTHPLACE (City and state or country)

BLOOMSDALE, MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

FRANK CHARLEVILLE

13b. MOTHER'S MAIDEN NAME

MARY BILLY

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No

17. INFORMANT

3 Mrs. Jns. Mira

Address 206 EIGHTH ST.

CRYSTAL CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PERITONITIS

DUE TO (b)

PERFORATED GASTRIC ULCER

DUE TO (c)

540.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

A. S. I. D. WITH C. I. F.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5-31-62

to

6-2-62

and last saw

her

him

alive on

6-2-62

Death occurred at

9:25 p.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. E. Druehl M.D.

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

6-2-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

6-6-62

23c. NAME OF CEMETERY OR CREMATORY

SACRED HEART

23d. LOCATION (City, town, or county)

CRYSTAL CITY, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

James P. Cady CRYSTAL CITY, MO.

25. DATE RECD. BY LOCAL REG.

JUN 4 1962

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

AMENDMENTS OF THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
-OR-
TYPEWRITER RIBBONVS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James Richard Cady

Licensed Embalmer No. 4309

P. O. Address Crystal City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.